

PESTICIDE BUSINESS LICENSE APPLICATION

 CALENDAR
YEAR

KANSAS DEPARTMENT OF AGRICULTURE
 RECORDS CENTER - PESTICIDE
 109 SW NINTH STREET, TOPEKA, KS 66612
 Phone (785) 296-5210, Fax (785) 296-6418
 E-Mail: records@kda.state.ks.us
 Website: http://www.ksda.gov

1. BUSINESS INFORMATION:

Legal Name	<input type="text"/>	Phone	<input type="text"/>
DBA	<input type="text"/>	Fax	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	County	<input type="text"/>
		State	<input type="text"/>
E-Mail	<input type="text"/>	Zip	<input type="text"/>
Website	<input type="text"/>		

2. TAX IDENTIFICATION INFORMATION:

FEIN	<input type="text"/>	Sole Proprietor SSN	<input type="text"/>
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3. Business Type: If applicant's business is incorporated, please provide the following information:

Year of Incorporation	<input type="text"/>	State in which Incorporated	<input type="text"/>	___Individual	___Corporation	___Ltd Partnership
				___Partnership	___Ltd Liability Co	___Ltd Liability Partnership

4. OUT-OF-STATE APPLICANTS: An applicant whose principal business address is located outside the State of Kansas MUST sign the following statement: I hereby consent that any action for damages resulting from the application or misapplication of pesticides, an any action to enforce the provisions of any contract providing for the application of pesticides, may be commenced in the proper court of any county in Kansas in which a cause of action may arise or in which the plaintiff may reside; that services of process upon the Secretary of State of the State of Kansas may be had and that such service of process shall be valid and binding to the same extent as if personal service had been had and obtained upon said nonresident in this state.

SIGNED	<input type="text"/>	TITLE	<input type="text"/>
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5. PROOF OF FINANCIAL RESPONSIBILITY: Please indicate which of the following proof of financial responsibility option applicant is submitting with this application:

<input type="checkbox"/>	SURETY BOND executed on a form supplied by the Kansas Department of Agriculture (form KPL-420).
<input type="checkbox"/>	LIABILITY INSURANCE CERTIFICATE executed on a form approved by the Kansas Department of Agriculture.
<input type="checkbox"/>	LETTER OF CREDIT issued by a KANSAS bank, savings and loan association, savings bank or credit union.
<input type="checkbox"/>	ESCROW ACCOUNT maintained in a federally insured KANSAS bank, savings and loan association, savings bank or credit union.

6. LICENSE CATEGORY(IES) INFORMATION: Please Indicate which license category(ies) applicant will be operating in:

1 - Agricultural Pest Control	5 - Aquatic Pest Control
2 - Forest Pest Control	6 - Right-of-Way Pest Control
3 - Ornamental, Turf Pest Control and Interior Landscape	7 - Industrial, Institutional, Structural, and Health-Related Pest Control
4 - Seed Treatment	

7. OTHER STATE PESTICIDE BUSINESS LICENSE(S): Has applicant been issued a pesticide business license(s) in any other state during the past five years? YES_____ NO_____ If yes, please provide the state(s) and year(s) in which licensed:

State	Year(s)	State	Year(s)	State	Year(s)	State	Year(s)	State	Year(s)	State	Year(s)

8. PESTICIDE BUSINESS LICENSE PROBLEMS: Has the applicant had a pesticide business license suspended, revoked, or denied in any state during the last five years? YES_____ NO_____ If YES, please provide the state(s), year(s) and brief description(s) of the problem. Attach separate sheet if needed.

State	Year	Problem	State	Year	Problem	State	Year	Problem	State	Year	Problem

9. FELONY CONVICTION INFORMATION:

Has the applicant been convicted of or plead guilty to a felony? YES_____ NO_____ If YES, please provide dates and details on a separate sheet.

10. OTHER PESTICIDE BUSINESS LOCATIONS: Please provide the following information for EACH location(other than the principle business address indicated in Section 1) from which Kansas customers are served, equipment is stored, records maintained, or pesticides are stored. Attach separate sheet if needed.

Location Name	Owner/Operator	Address	City, State, Zip	Phone

PLEASE DO NOT WRITE BELOW THIS LINE (for Kansas Department of Agriculture use only)

Fee	Code	Transaction No	Receipt Date	Check No	PBL #	Categories	Entry	Eff Date	Exp Date	Initials	Process Date
	BL										
	UA										
	RT										

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11. PESTICIDE BUSINESS OWNER(S), PARTNER(S) AND/OR OFFICER(S): If the business is owned by an individual, a partnership, an association or corporation, provide the following information for any and all owners, partners and/or officers. Please ensure correct social security number and birthdate is provided for each owner, partner and/or officer. (attach separate sheet using same format if more space is needed):

SSN	<input type="text"/>					
Birth Date	<input type="text"/>					
Last Name	<input type="text"/>					
First and Middle Name	<input type="text"/>					
Title	<input type="text"/>					
Address	<input type="text"/>					
City	County	State	Zip			

12. KS CERTIFIED COMMERCIAL PESTICIDE APPLICATOR(S): Please provide the following information for any and all certified commercial pesticide applicators who will be applying pesticides under the license for which applicant is making application. Please ensure correct social security number and birthdate is provided for each applicator. (attach separate sheet using same format if more space is needed):

SSN	<input type="text"/>	Certification No	<input type="text"/>
Birth Date	<input type="text"/>	Category(ies)	<input type="text"/>
Last Name	<input type="text"/>		
First and Middle Name	<input type="text"/>		

13. KS UNCERTIFIED PESTICIDE APPLICATOR(S): This section must be completed by ALL pesticide business applicants. If applicant will have no uncertified applicator employees, indicate "NONE" in the SSN box. Please provide the following information for any and all uncertified pesticide applicators who will be applying pesticides under the license for which applicant is making application. Please ensure correct social security number and birthdate is provided for each applicator. (attach separate sheet using same format if more space is needed):

SSN	<input type="text"/>	Category(ies)	<input type="text"/>
Birth Date	<input type="text"/>		
Last Name	<input type="text"/>		
First and Middle Name	<input type="text"/>		
Address	<input type="text"/>		
City	County	State	Zip

14. KS REGISTERED PEST CONTROL TECHNICIAN(S): This section must be completed if applicant will be applying pesticides under this license to control ornamental pests (3A), turf pests (3B), interior landscape pests (3C), wood-destroying pests (7A), or structural pests (7E). Of any or all the uncertified applicators listed in section 13 who will be applying pesticides as registered pest control technicians under this license, please provide the following information. Please ensure correct social security number and birthdate is provided for each applicator. (attach separate sheet using same format if more space is needed):

SSN	<input type="text"/>	Category(ies)	<input type="text"/>
Birth Date	<input type="text"/>		
Last Name	<input type="text"/>		
First and Middle Name	<input type="text"/>		
Address	<input type="text"/>		
City	County	State	Zip

15. NOTE: Every pesticide business applying pesticides for the control of ornamental pests (3A), turf pests (3B), interior landscape pests (3C), wood destroying pests (7A), or structural pests (7E) is required by the Kansas Pesticide Law to have a registered pest control technician training program. All pesticide businesses operating in the subcategories described are required to submit training materials to the Kansas Department of Agriculture for approval - OR - state that all applicators will be certified commercial pesticide applicators. Enclosed is information entitled "Business Licensee Responsibilities for Registered Pest Control Technician Training" for more details. If you need additional information or have any questions regarding registered pest control technician training programs, you may contact JEANNE E. FOX, PESTICIDE SECTION, KANSAS DEPARTMENT OF AGRICULTURE, at (785) 296-2265.

16. AIRCRAFT: Each pesticide business licensed in category 1 which uses aircraft to apply pesticides shall identify each aircraft with a decal furnished by the Kansas Department of Agriculture. Decal(s) will not be issued until all licensing requirements are met. Decals are not transferable. Please provide the following information for any and all aircraft equipment that will be used in the application of pesticides (attach separate sheet using same format if more space is needed):

Aircraft Information			Chem Endorsement	Aircraft Insurance Information (submit form KPL-410A also)			
FAA Number	Make	Model		Policy Number	Insurance Company Name	Effective Date	Expiration Date
			YES NO				
			YES NO				

17. PESTICIDE BUSINESS LICENSE FEES: Please submit license fees with this application. The license application fee is \$140.00 per category. The uncertified applicator fee is \$15.00 per uncertified applicator. The pest control technician registration fee is \$40.00 per pest control technician.

18. APPLICANT SIGNATURE: I hereby attest the information on all pages of this application for license is true, complete and accurate.

SIGNED	<input type="text"/>	DATE SIGNED	<input type="text"/>
TYPED OR PRINTED NAME OF SIGNER	<input type="text"/>	TITLE	<input type="text"/>

19. SUBMIT COMPLETED APPLICATION along with any AND all associated license FEES to KANSAS DEPARTMENT OF AGRICULTURE, RECORDS CENTER-PESTICIDE, 109 SW 9TH ST, TOPEKA, KS, 66612